



# Cornell University Police Citizens Complaint/Allegation Form

CP327-0108.2

Complaint Number: I-

### Complainant's

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Complaint Received:

1. In Person \_\_\_\_\_

2. Telephone \_\_\_\_\_

3. Letter \_\_\_\_\_

4. Email \_\_\_\_\_

### Complainant's Address:

(Street)	(City)	(State)	(Zip Code)	(Phone)
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(Place of Employment)	(Address)	(Phone)
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### Witness Information:

\_\_\_\_\_

Name	Address	Phone
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### Officer(s) Involved:

\_\_\_\_\_

Name	Badge #	Name	Badge #
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### Location and Time:

Location of Incident	Date Occurred	Time Occurred
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Location Reported	Date Reported	Time Reported
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### OIC Receiving Complaint

(Signature)	Date	Badge #
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\*Complete this form for any allegation/complaint against an employee or the department. Forward this form to the Commander of MIU for review.